

(EXHIBIT A)

CENTRAL INTELLIGENCE GROUP
2430 E STREET, N. W.
WASHINGTON, D. C.

_____(Date)

Name _____
Street Address _____
City & State _____

Dear Mr. _____:

1. This is to notify you that the United States Government, as represented by the Central Intelligence Group, has accepted your employment effective _____:

Position: _____
Base Salary: \$_____ per _____.

2. This appointment is not a Civil Service position. You will be entitled to annual and sick leave (only in accordance with Civil Service rules and regulations). You will be reimbursed for travel expenses in accordance with the Standardized Government Travel Regulations, as amended. If stationed outside the continental limits of the United States, you will be granted such monetary allowances as are prescribed by CIG regulations.

3. If you are ordered to a station outside the continental United States, you will be required to serve a minimum period of twenty-four months at such a station. If you wish to resign or terminate your appointment or return to the United States before the expiration of twenty-four months after the date of departure for an overseas post, CIG will not pay your return travel expenses from a station outside the United States.

4. Your appointment is for such time as your services may be required and funds are available for the work of CIG. Notice of termination will be given you by procedure similar to that provided by Civil Service rules and regulations.

Assistant Chief
Personnel Division

ACCEPTED:

(E X H I B I T B)

CENTRAL INTELLIGENCE GROUP
2430 E STREET, N.W.
WASHINGTON, D.C.

_____(Date)

Name _____
Care of _____ FE _____
Central Intelligence Group

Dear Mr. _____:

1. This is to notify you that the United States Government, as represented by the Central Intelligence Group, has accepted your employment effective _____:

Position: _____
Base Salary: \$ _____ per _____.

2. This appointment is not a Civil Service position. You will not be entitled to annual or sick leave. You will be allowed and paid by CIG living expenses while stationed outside the continental limits of the United States in accordance with CIG regulations.

3. You will be advanced, or reimbursed, from operational funds by CIG for expenses, including travel expenses, incurred by you in the furtherance of duties you are required to perform for CIG. The maximum amount of operational expenses for which CIG will provide reimbursement is \$ _____ per _____. All items of expense, set forth in this paragraph, will be fully accounted for in accordance with CIG regulations.

4. Payments made to you by CIG shall be made as directed by you in writing in a manner acceptable to CIG.

5. The term of your employment shall be for one year from the effective date hereof. Your employment may be terminated by CIG at any time upon thirty days prior actual notice to you. The termination of your employment will not release you from any security oaths which you may be required to take.

ACCEPTED:

CHIEF, SPECIAL FUNDS SECTION or
CHIEF OF MISSION

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Note 1 (Continued)

disability benefits, and with the approval of the Assistant Director for Special Operations, the following paragraph may be inserted:

In the event of your injury or death in connection with or resulting from the procurement of strategic information of a confidential nature under this contract, CIG further agrees:

a. In the event of death, to pay to your dependent beneficiary, designated in writing, the sum of \$_____.

b. In the event of injury, to pay for medical care and hospitalization, and, if disability results therefrom, compensation will be paid by CIG based upon the degree of disability. The determination of the amount to be paid under this provision will be made solely by CIG, and in no event, will the total amount to be paid exceed \$_____.

JSW:mbt

(EXHIBIT C)

CENTRAL INTELLIGENCE GROUP
2430 E STREET, N.W.
WASHINGTON, D.C.

_____(Date)

Name _____
Street Address _____
City & State _____

Dear Mr. _____:

1. This is to notify you that the United States Government, as represented by the Central Intelligence Group, has accepted your employment effective _____:

Position: _____
Base Salary: \$_____ per _____.

2. You will not be entitled to annual or sick leave. You will be reimbursed for travel expenses in accordance with regulations.

3. The term of your employment shall be for one year from the effective date hereof. Your employment may be terminated by CIG at any time upon thirty days prior actual notice to you. The termination of your employment will not release you from any security oaths which you may be required to take.

CHIEF OF MISSION

ACCEPTED:

Note: References to CIG (or the U.S. Government) will be omitted when necessary for security reasons.

(EXHIBIT D)

CENTRAL INTELLIGENCE GROUP
2430 E Street, N.W.
WASHINGTON, D.C.

_____(Date)

Name _____
Street Address _____
City & State _____

Dear Mr. _____:

The United States Government, as represented by the Central Intelligence Group, hereby contracts with you for the procurement and furnishing of strategic information of a confidential nature upon the following conditions:

1. For the purchase of this information from you, an amount calculated at the rate of _____ per _____ will be paid by CIG.
2. Payments by CIG under this contract shall be made as directed by you, in writing, in a manner acceptable to CIG.
3. Payment of the amount stipulated in paragraph 1 above will constitute payment in full by CIG for all such information purchased from you.
4. The effective date of this contract is _____ and the term hereof shall be for one year from such effective date. Termination of this contract may be effected at any time upon written notice, but without advance notice, by either party; such termination to be effective on receipt of the notice. Termination of this contract will not release you from any provisions of security oaths which you may be required to take.
5. The instructions received by you from CIG in briefing or training are a part of this contract and are incorporated herein.

CENTRAL INTELLIGENCE GROUP

BY:

CHIEF SPECIAL FUNDS SECTION or
CHIEF OF MISSION

EXHIBIT-D (Continued)

-2-

Note 1: Where necessary, the following paragraph concerning reimbursement of expenses may be inserted:

For expenses incurred by you in the procurement of such information, including travel, entertainment, and other extraordinary expenses, you will be reimbursed in an amount not to exceed \$_____ per _____. You will be required to account in full for this amount in accordance with CIG regulations.

Note 2: Where it is deemed necessary to provide for death or disability benefits, and with the approval of the Assistant Director for _____ the following paragraph may be inserted: 25X1A

In the event of your injury or death in connection with or resulting from the procurement of strategic information of a confidential nature under this contract, CIG further agrees:

a. In the event of death, to pay to your dependent beneficiary, designated in writing, the sum of \$_____.

b. In the event of injury, to pay for medical care and hospitalization and, if disability results therefrom, compensation will be paid by CIG based upon the degree of disability. The determination of the amount to be paid under this provision will be made solely by CIG, and, in no event, will the total amount to be paid exceed \$_____.

JSW:mbt

(EXHIBIT E)

TABLE OF PERCENTAGES
TO BE USED IN COMPUTING DEATH BENEFITS
(IN ORDER OF PRECEDENCE)

Beneficiaries

Percentages

Wife	35%
Wife and 1 child	45%
Wife and 2 children	55%
Wife and 3 children	65%
Wife and 4 children	66 2/3%
1 child	25%
2 children	35%
3 children	45%
4 children	55%
5 children	65%
6 or more children	66 2/3 %
1 dependant parent	25%
2 dependant parents	40%
1 dependant brother or sister	20%
2 or more dependant brothers or sisters	30%
1 dependant grandparent or grandchild	20%
2 or more dependant grandparents or grandchildren	30%
1 or more partly dependant brother, sister, grandparent or grandchild	10%

Notes

(1) Percentages of dependant relatives are in addition to percentages of wife and/or children but (a) the amounts payable to a wife and/or children are always payable first and (b) the total must not be more than 66 2/3%. Thus, if Agent X is survived by a wife, three children and a dependant parent, the parent receives a sum calculated on 1 2/3 %.

(2) "Children" refers only to children under 18 or if over that age, actually dependant upon the Agent because of incapacity, etc.

JSW:mbt

~~SECRET~~ ~~EXHIBIT~~

KNOW ALL MEN BY THESE PRESENTS

WHEREAS, an employment agreement was entered into on or about the _____ day of _____, 19____, between the Government of the UNITED STATES OF AMERICA (hereinafter called "the Government") and _____ of _____ (hereinafter called "Employee"), in which the Government agreed to pay the sum of _____ to the person or persons designated therein by the Employee, in the event of the Employee's death resulting from the performance of his duty; and

WHEREAS, the Employee agreed that payment of the said sum of _____ would be in complete satisfaction of all claims against the Government arising out of the employment under said agreement;

NOW, THEREFORE, I, _____ of _____ the person designated in said agreement, for and in consideration of the sum of _____ to me paid in hand, the receipt whereof is hereby acknowledged, and other good, valuable and sufficient considerations, do for myself, my heirs, executors, administrators, distributees and assigns, and as natural guardian, on behalf of _____, and _____ hereby remise, release and forever discharge the Government, its officers, agents and employees, from any and all debts, claims, compensation benefits, demands, actions and causes of action arising out of or by reason of the above-mentioned agreement of employment between the Government and the Employee.

IN WITNESS WHEREOF, I have hereunto set my hand and seal at _____, this _____ day of _____, 19____.

(L.S.)

Signed, sealed and delivered in the presence of the following witnesses:

} SS

On this _____ day of _____, 19____, before me, an officer duly qualified to administer oaths, personally came _____, known by me to be the person who executed the foregoing instrument as Employee, and he duly acknowledged the same to be his act and deed.

(Signature)

TOP SECRET SECRET CONFIDENTIAL RESTRICTED UNCLASSIFIED
 (SENDER WILL CIRCLE CLASSIFICATION TOP AND BOTTOM)

25X1A

ROUTING SLIP

FROM	25X1A	TO	INITIALS	DATE
ASSISTANT DIRECTOR	[REDACTED]	S		
DEPUTY ASSISTANT DIRECTOR				
EXECUTIVE OFFICER				
CHIEF OF CONTROL				
✓ CHIEF OF PLANS				
CHIEF OF OPERATIONS		①	JK	14 Feb.
ASSISTANT EXECUTIVE OFFICER				
EXECUTIVE SECRETARY				
ASSISTANT EXECUTIVE FOR PERSONNEL				
ASSISTANT EXECUTIVE FOR ADMINISTRATION				
CHIEF PROJECTS SUPPORT DIVISION				
Chief of B X		②	RB	14 Feb
General Counsel		③		

☐ APPROVAL ☐ INFORMATION ☒ SIGNATURE
☐ ACTION ☐ DIRECT REPLY ☐ RETURN
☐ COMMENT ☐ PREPARATION OF REPLY ☐ DISPATCH
☒ CONCURRENCE ☐ RECOMMENDATION ☐ FILE

REMARKS Please rush and pass by hand.

TOP SECRET SECRET CONFIDENTIAL RESTRICTED UNCLASSIFIED

SECRET

Contracts

ROUTING AND RECORD SHEET

FROM:

Accession No.

Date Rec'd. SA.....

Plans

To	Room No.	Date		Officer's Initials	Comments
		Rec'd.	Fwd'd.		
1. Cops	2075	FEB 12 1957		ut	By hand
2. FBX			14 Feb	RB	2 to 1. I have gone over several minor changes with Mr. [redacted]
3. [redacted] General Counsel	1115				roughly indicated in pencil on this draft & on the attached sheets. They are agreeable to him. He requests that you send this to [redacted] if you approve it and is so informing [redacted]
4.				25X1A	
5.					1-3 I agree with pencilled changes suggested by Mr. [redacted]
6.					25X1A ut
7.					
8.					
9.					
10.					

Each comment should be numbered to correspond with number in To column.
A line should be drawn across sheet under each comment.

Officer Designations should be used in To column.

Each Officer should initial (check mark insufficient) before further routing.
Action desired or action taken should be indicated in Comments column.

Routing sheet should always be returned to Registry.

Approved For Release 2001/07/25 : CIA-RDP57-00384R000700110016-8
For Officer Designations see separate sheet.

SECRET